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17224 U.S.P.T.O.IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DOCKET NUMBER	ANTICIPATED CLASSIFICATION OF THIS APPLICATION:		PRIOR APPLICATION	
	CLASS	SUBCLASS	EXAMINER	ART UNIT
13033.5USC1			UNKNOWN	3736

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV372670989US
 Date of Deposit: April 14, 2004

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: *Teresa Anderson*
 Name: Teresa Anderson

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53(b)

Mail Stop Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53(b) of Serial No. 10/237,149, filed on September 6, 2002 entitled STIFFENING PHARYNGEAL WALL TREATMENT by the following inventor(s):

Full Name Of Inventor	Family Name METZGER	First Given Name ANJA	Second Given Name K.
Residence & Citizenship	City STILLWATER	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 13683 47TH STREET NORTH	City STILLWATER	State & Zip Code/Country MINNESOTA 55082/USA
Full Name Of Inventor	Family Name ERICKSON	First Given Name BRIAN	Second Given Name J.
Residence & Citizenship	City WOODBURY	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 3453 GUNSTON LANE	City WOODBURY	State & Zip Code/Country MINNESOTA 55129/USA
Full Name Of Inventor	Family Name SOPP	First Given Name JOHN	Second Given Name P.
Residence & Citizenship	City FOREST LAKE	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 7425 NORTH SHORE CIRCLE	City FOREST LAKE	State & Zip Code/Country MINNESOTA 55025/USA
Full Name Of Inventor	Family Name KNUDSON	First Given Name MARK	Second Given Name B.
Residence & Citizenship	City SHOREVIEW	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 1309 WEST ROYAL OAKS DRIVE	City SHOREVIEW	State & Zip Code/Country MINNESOTA 55126/USA
Full Name Of Inventor	Family Name CONRAD	First Given Name TIMOTHY	Second Given Name R.
Residence & Citizenship	City EDEN PRAIRIE	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 12557 RIVERVIEW ROAD	City EDEN PRAIRIE	State & Zip Code/Country MINNESOTA 55347/USA

1. Enclosed is the application; including the specification, claims, drawings, a signed oath or declaration from the prior application. The continuing application is as follows: 16 pages of specification, 15 claims, 1 page of abstract, 7 sheets of formal drawings, and 5 pages of oath or declaration.
- The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
2. The filing fee is calculated below:

CLAIMS AS FILED

NUMBER FILED	NUMBER EXTRA		RATE	FEE
TOTAL CLAIMS: 15	-20	0	x \$9.00	0.00
INDEPENDENT CLAIMS 2	-3	0	x \$43.00	0.00
			BASIC FILING FEE:	\$385.00
			TOTAL FILING FEE:	\$385.00

- Small entity status is claimed pursuant to 37 CFR 1.27.
3. Payment of fees:
 Attached is a check in the amount of \$385.00
 Please charge Deposit Account No. 13-2725.
4. The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Account No. 13-2725.
5. A set of formal drawings (sheets) is enclosed.
6. Priority of application Serial No. , filed on in , is claimed under 35 U.S.C. 119.
 The certified copy has been filed in prior application Serial No. , filed .
7. The prior application is assigned of record to Restore Medical Inc. located at St. Paul, Minnesota (Reel/Frame 013706/0220 for Merger/Name Change and Reel/Frame 013577/0394 for Assignment).
8. The Power of Attorney in the prior application is to:

Merchant & Gould P.C.
Minneapolis, MN 55402-2215

9. A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
 Fee for excess claims is attached.

10. A petition and fee has been filed to extend the term in the prior application until . A copy of the petition for extension of time in the prior application is attached.
11. The inventor(s) in this application are less than those named in the prior application and it is requested that the following inventors identified above for the prior application be deleted:
12. A Nonpublication Request under 37 CFR 1.213(a) is enclosed.
13. Also Enclosed:
14. Address all future communications to the **Attention of Karen A. Fitzsimmons** (may only be completed by attorney or agent of record) at the address below.
15. A return postcard is enclosed.

Respectfully submitted,

MERCHANT & GOULD P.C.
P.O. Box 2903
Minneapolis, MN 55402-0903
612.332.5300



Date: April 14, 2004



Karen A. Fitzsimmons
Reg. No. 50,470
KFitzsimmons:PLStd